

ALABAMA EDUCATIONAL TECHNOLOGY CONFERENCE

REGISTRATION FORM

June 13 – 15, 2017

Badge Sharing is Strictly Prohibited:
 Conference Registration is for **one individual** to attend the entire conference.

Email _____
For sending Confirmation, Receipt and Conference updates only. If your work email is restricted by SPAM filters, you may want to provide a personal address to improve deliverability.

Dr. _____ Mr. _____ Ms. _____ First Name _____ Last Name _____

Job Title _____ School/Organization _____ District _____

Work Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____
Conference Name Badge will be mailed to this address

Cell Phone (_____) _____ - _____ Work Phone: (_____) _____ - _____

Demographics (please check one box in each category):

Position: <input type="checkbox"/> Superintendent <input type="checkbox"/> Central Office Personnel <input type="checkbox"/> School Support Personnel <input type="checkbox"/> Principal <input type="checkbox"/> Counselor <input type="checkbox"/> Media Specialist <input type="checkbox"/> Career/Tech Education	<input type="checkbox"/> Special Education <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Consultant <input type="checkbox"/> System Technology Coordinator <input type="checkbox"/> School Technology Coordinator <input type="checkbox"/> Vendor	Level: <input type="checkbox"/> Elementary <input type="checkbox"/> Middle/Jr High <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> District <input type="checkbox"/> SDE <input type="checkbox"/> Private	<input type="checkbox"/> I am a first time attendee at AETC. <input type="checkbox"/> I do not want my name released to Exhibitors. <input type="checkbox"/> I require special assistance covered under the Americans With Disabilities Act. You will be contacted concerning arrangements.
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Registration Options: (AETC Full Conference registration includes admission to all Concurrent Sessions, Hands-On Workshops, Opening Session, Exhibit Hall, and Tote Bag)

	3/16/17 – 5/19/17	After 5/19/17
<input type="checkbox"/> FULL CONFERENCE	\$110	\$120
<input type="checkbox"/> TUESDAY ONLY	\$65	\$75
<input type="checkbox"/> WEDNESDAY ONLY	\$65	\$75
<input type="checkbox"/> THURSDAY ONLY	\$65	\$75

Optional Hands-On Workshops (included w/ Registration Fee) Tuesday Afternoon/Wednesday/Thursday Workshops are first come/first serve seating! For Tuesday Morning Pre-Conference Workshops you must pre-register. Workshop descriptions can be found at <http://alex.state.al.us/aetc>. Please enter Workshop code below.

Tuesday, June 13 – 9:00am – 12:00	<input type="checkbox"/>	Tuesday, June 13 – 9:00am – 10:30am	<input type="checkbox"/>
Tuesday, June 13 – 10:30am – 12:00	<input type="checkbox"/>		<input type="checkbox"/>

PAYMENT INFORMATION:

Check/Money Order attached (FEIN# 02-0701975)

Purchase Order – Attach copy of Purchase Order if possible
 Purchase Order # _____ Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Mail form and payment to:
AETC c/o McRae Conferences
1401 Maclay Commerce Drive
Tallahassee, FL 32312
 or Fax to 850-906-0077

Credit Card (VISA/MasterCard/AMEX) may be made by registering online at: <http://alex.state.al.us/aetc>

Cancellations/Refunds: All cancellation requests are subject to a \$10 administrative fee and must be **received no later than May 19, 2017**. Cancellation requests must be submitted in writing to aetcreg@mcraemeetings.com or mail to 1401 Maclay Commerce Drive, Tallahassee, FL 32312. **No refunds will be given after May 19, 2017.**

For office use only:
 Date rec'd: _____ Amt Paid: \$ _____ Check# _____ Type: C S P O Amt Due: \$ _____